



**Medicaid Provider Enrollment Cover Sheet for
Providers of Mental Health Services for Children in State Custody or
Exempted Subsidized Adopted Children**

Application for: (Provider Name) _____

Enrollment is for: (please check)

- ☐ a sole provider (i.e., Licensed Clinical Social Worker, Psychologist, Marriage and Family Therapist, etc.)
- ☐ a group practice (agency) - include provider application packet for the group practice and an application packet for each provider affiliated with the group practice.
- ☐ an individual affiliated with an enrolled group practice; specify name of group practice _____

Begin Date for Medicaid Provider Enrollment: (enter date you will begin providing services) _____

Included are the following documents and completed forms: (please check)

- ☐ This completed **Cover Sheet** – attach to each group practice and each individual provider application
- ☐ Utah **Medicaid Provider Application** – form dated 11/30/2011 - complete according to instructions on the Medicaid website– **must** include National Provider Identifier(s) (NPI) in boxes 24 and/or 27 and Social Security number in box 25. When affiliating individual providers with a group, enter the group address and billing information
- ☐ Utah **Provider Agreement for Medicaid** - form dated 3/1/2011– completed, signed and dated (only pages 1 & 8 need to be sent)
- ☐ Copy of your professional license or certification (individual providers) – begin and end date must cover enrollment date
- ☐ **Mental Health & Substance Abuse - Unlicensed Provider Form** – form dated 4/1/2011
- ☐ Copy of your Department of Human Services license (group practice) relevant to the type of provider for which you have applied or business license
- ☐ **Disclosure of Ownership and Control Interest Statement** – form dated 2/14/11--must be completed for the group and for each individual provider in accordance with information on the definitions link
- ☐ **Direct Deposit Authorization Form** for Electronic Funds Transfer (EFT) and voided check or letter from the bank – Group practice - submit only one account number for the group practice with a copy attached to each affiliated provider's application.
- ☐ Copy of completed IRS Form W-9 with current Taxpayer Identification Number (TIN) – If group practice submit TIN for group practice and attach a copy to each affiliated provider's application.

Refer to <http://health.utah.gov/medicaid/> for application, forms and instructions.

Send application and all required documents and completed forms to:

Mailing Address: Bureau of Medicaid Operations
Attn: Linda
P.O. Box 143106
Salt Lake City, UT 84114-3106

facsimile: 801-323-1574
attention: Linda